



Division of Personnel
Job Content Questionnaire (JCQ)
(Individual)

Welcome to the new Job Content Questionnaire (JCQ) form. This form was designed as part of the PLANS project. PLANS is the project we are conducting to update and modernize our Classification and Compensation Plan. We are collaborating on this project with the HayGroup®, a global management consulting firm specializing in human resource consulting services. The key objectives of this project are (1) to ensure that our Classification Plan accurately organizes and describes the jobs in State government; and (2) to ensure that our Compensation Plan is internally fair and externally competitive.

We are collecting job content information from all classified and classified-exempt employees in the Executive Branch of State government to make sure our Classification Plan is accurate and up to date. Your participation in this part of the project is critical. As you go through this Job Content Questionnaire (JCQ), please think about the duties and responsibilities of your position and answer the questions completely and accurately. The information you provide will be the basis for determining how your position fits within our updated Classification Plan.

Thank you for your time and cooperation in this important project. Please visit our project website www.PLANs.wv.gov for more information or to check on our progress.



GENERAL INFORMATION

1. The preferred method of data collection is through the **electronic** data collection system in which the employee, supervisor and agency designee complete all parts electronically.
2. Employees should **only** complete a paper JCQ if they do **not** have access to a computer and the internet at work.
3. **All** JCQs **must** be completed during the PLANS project data collection period.
4. You are **required** to check with your agency for any internal timelines you must follow.
5. Please write **legibly** and use **blue ink**.
6. When completing the JCQ, it is recommended that you use the supplemental instructional guide on how to complete a JCQ, which is available at www.plans.wv.gov. It may answer many of your questions on how to respond to items on the JCQ.
7. You are encouraged to make a copy of the JCQ for your records, but any such copy is a convenience copy and is **not** the official submitted JCQ. The official submitted JCQ is the original document containing original signatures that is submitted to the WV Division of Personnel.
8. You may contact the Division of Personnel with any questions regarding this project by phone at (304) 558-3950 extension 57239 (leave a message) or by email at DOP.PLANS@wv.gov.

EMPLOYEE INSTRUCTIONS

1. Please complete the JCQ in your own words. You may receive assistance from your supervisor and/or other employees performing the same duties as you.
2. Complete the JCQ based upon your **permanently assigned duties**. Do not include duties assigned as part of a temporary upgrade.
3. After completing the JCQ, be sure to sign, date, and make a copy of the completed form for your records.
4. Forward your completed JCQ to your immediate supervisor.

IMMEDIATE SUPERVISOR INSTRUCTIONS

1. If your employee has completed a paper JCQ, you must complete your review on the same paper JCQ.
2. After receiving the employee's completed JCQ, carefully review the document for accuracy and completeness. You may **not** change any information the employee has provided.
3. Provide any additional information or clarification in the **Supervisor Review Section** of the JCQ.
4. Complete the **Supervisor Review Section** with information based upon the **permanently assigned duties** of the position. Do not include duties assigned as part of a temporary upgrade. Indicate any duties listed that are of a temporary nature in the "General Comments" area of the **Supervisor Review Section**.
5. Sign and date the form upon completion, and make a copy for your records.
6. Forward the document to your agency's Data Entry Designee. If you do not know who your Data Entry Designee is, please ask your Agency Human Resources representative. If your agency does not have a Data Entry Designee, forward the document to your Agency Human Resources representative.

DATA ENTRY DESIGNEE INSTRUCTIONS

1. After receiving a completed JCQ, go to the PLANS project website at www.plans.wv.gov. It contains information on how to access and log in to the PLANS data collection site.
2. When asked the purpose of your session, choose "Data Entry for group or individual paper JCQ". Then select "Individual Paper JCQ".
3. Follow the directions provided on the site and enter the information provided in the Employee and Supervisor Sections of the paper JCQ into the electronic form. Do **not** change any information that has been provided by the employee and supervisor.
4. After entering the form electronically, forward the paper JCQ to your Agency Human Resources representative.

AGENCY HUMAN RESOURCE/AGENCY DESIGNEE INSTRUCTIONS

Depending on whether or not your agency has a Data Entry Designee, use one of the two options below to review and submit this JCQ.

OPTION A – If your agency has a Data Entry Designee (PREFERRED OPTION**):**

1. If your agency **has** a Data Entry Designee, you **MUST** complete your review of this JCQ **electronically** after it has been entered into the system by the Data Entry Designee.
2. To begin your review, go to the PLANS project website at www.plans.wv.gov. It contains information on how to access and log in to the PLANS data collection site.
3. When asked the purpose of your session, choose “Agency”. Then select “Agency approve a submitted JCQ”.
4. Complete your review by following the directions provided online.
5. After receiving a completed JCQ, carefully review the document for accuracy and completeness. You may **not** change any information the employee or supervisor provided.
6. Complete the **Agency Human Resources/Agency Designee Approval Section** based on the **permanently assigned duties** of the position. Do not include duties assigned as part of a temporary upgrade. Indicate any duties listed by the employee that are of a temporary nature in the **Agency Human Resources/Agency Designee Approval Section**.
7. Provide any additional information or clarification in the **Agency Human Resources/Agency Designee Approval Section** of the JCQ.
8. Upon completion, sign and date the JCQ electronically, and print a copy for your records.
9. Mail this **original** paper JCQ, containing all **original signatures**, to:

Division of Personnel
Classification and Compensation Section
Capitol Complex, Building 6 Room 404
Charleston, WV 25305

OPTION B – If your agency does not have a Data Entry Designee:

1. If your agency does **not** have a Data Entry Designee, complete your review of this JCQ on this paper document.
2. After receiving a completed JCQ, carefully review the document for accuracy and completeness. You may **not** change any information the employee or supervisor provided.
3. Complete the **Agency Human Resources/Agency Designee Approval Section** based on the **permanently assigned duties** of the position. Do not include duties assigned as part of a temporary upgrade. Indicate any duties listed by the employee that are of a temporary nature in the **Agency Human Resources/Agency Designee Approval Section**.
4. Provide any additional information or clarification in the **Agency Human Resources/Agency Designee Approval Section** of this paper JCQ.
5. Sign and date the JCQ upon completion, and make a copy for your records.
6. Mail this **original** paper JCQ, containing all **original signatures**, to:

Division of Personnel
Classification and Compensation Section
Capitol Complex, Building 6 Room 404
Charleston, WV 25305

EMPLOYEE SECTION

Complete this form in its entirety and do not leave sections blank unless they are not applicable to your position!

Please complete the JCQ in your own words. You may receive assistance from your supervisor and/or other employees performing the same duties as you.

PART 1 - PERSONAL DATA

| | |
|---|---|
| 1. Employee Name (Last, First, MI) | 2. Last 4 digits of SSN |
| 3. Unique Identification Number | 4. Current Job Classification Plumber |
| 5. Agency Name | 6. Status (Classified/Classified-Exempt) |
| 7. Immediate Supervisor Name | 8. Immediate Supervisor Job Classification |
| 9. Next Level Supervisor Name | 10. Next Level Supervisor Job Classification |

PART 2 – PURPOSE OF YOUR POSITION

| |
|--|
| Write a brief statement describing the purpose of your job. |
| Perform plumbing installation, modification, maintenance, replacement, and repair as part of general building maintenance and construction projects. |

PART 3 - IMPORTANT AND ESSENTIAL DUTIES

In your own words:

- Describe the major duties you perform, starting with the most important.
- Describe your job duties as they exist now. Tell us what you are actually doing in the job.
- Please be objective and accurate. Try not to understate or inflate the job. Do not copy language from the class specifications.
- Base your responses on the **typical** duties and responsibilities of the job under **normal** conditions, not under unusual circumstances.
- Complete this section using only permanently assigned duties. Do not include duties assigned as part of a temporary upgrade.
- Use the frequency codes below to indicate how often you perform each duty.
(D) Daily, (W) Weekly, (B) Bi-Weekly, (M) Monthly, (Q) Quarterly, (S) Semi-Annually, (Y) Yearly
- Approximate Percentage of Time: Give your best estimate of the approximate percent of time that each duty represents. Use less than 5%, then 5% increments (5%, 10%, 15%, etc.) up to 100%.

Writing Duty Statements:

Duty statements should focus on primary, current, and usual duties and responsibilities of the position. Related or similar duties should be combined and written as one statement. Most jobs have between six and eight (6-8) major categories of responsibility.

Duty statements typically contain three parts: the *Verb*, the *Object*, and a *Purpose*.

Example:

| Verb | Object | Purpose |
|---|------------------|---------------------------------------|
| Collects | financial data | to evaluate budget requests. |
| Example statement: I collect financial data to evaluate budget requests. | | |
| Compiles | statistical data | for distribution to administrators. |
| Example statement: I compile statistical data for distribution to administrators. | | |
| Drives | truck | to deliver fuel to various job sites. |
| Example statement: I drive a truck carrying motor fuel to various job sites. | | |

Describe your major duties here. You must include at least one duty statement:

| Duty | Important and Essential Duties | Frequency Code | Approx. % of time |
|-------------|--|-----------------------|--------------------------|
| 1 | Install and maintain fixtures, fittings, valves, pumps and pipes related to the potable and waste water systems, natural gas, air oxyacetylene, sewage (waste treatment tanks), roof and storm drains, and hot water/steam heating collection and distribution systems. | W | 15% |
| 2 | Perform routine inspection of facilities for damaged, clogged, malfunctioning or leaking pipes, valves, gauges, spouts, fixtures, sinks, showers, drains, toilets, faucets, dishwashers, garbage disposals and pumps. Make repairs as needed. | W | 20% |
| 3 | Monitor, troubleshoot, and repair natural gas, domestic and industrial water supply and drain lines (pressure and waste outlets); faucets, valves, fixtures and leaks in plumbing systems; steam lines, roof drains, heat return and main water lines of heating and cooling systems; gas, electric and open flame boilers and water heaters; circulating pumps and mixing valves. | M | 15% |
| 4 | Measure and size, cut, thread, braze, solder or install various types of pipes (e.g., metal, cooper, threaded, and plastic), valves, pumps, containment tanks, gauges and insulation for both underground and above ground components. | D | 25% |
| 5 | Make rough sketches of pipe layout and installation or work from blueprints, plans or specifications. | W | 10% |

| Duty | Important and Essential Duties | Frequency Code | Approx. % of time |
|-------------|--|-----------------------|--------------------------|
| 6 | Clean, maintain, and organize work areas, tools, and equipment. | D | 10% |
| 7 | Order and maintain inventory of plumbing materials and supplies. Prepare routine reports for inventory and procurement. Maintain necessary work records. | M | 5% |
| 8 | | | |
| 9 | | | |
| 10 | | | |

PART 4 – GENERAL INFORMATION

PRINCIPAL CHALLENGES

- 1. Identify the most difficult problem(s) you are required to solve in order to accomplish your job.**

Adapt or modify existing systems, procedures, or methods to new situations and find alternative solutions

- 2. Describe the most complex duty(ies) you are required to perform in order to accomplish your job.**

Estimating time and supplies needed to complete assignments
Diagnose and repair plumbing problems

AUTHORITY AND RESPONSIBILITY

- 1. What typical decisions does this position have total authority to make?**

Determine and procure tools, equipment, and labor needed for jobs as requested
Prioritize and manage workload and projects
Determine how to approach a problem or perform a repair
Distinguish roles and allocate duties when working with others, such as contractors

- 2. What typical decisions does this position recommend to others for action?**

Hiring contractors
Procuring supplies for large projects
Approval to change the size or scope of a project

- 3. Who reviews or checks your work?**

Maintenance Supervisor

- 4. When is your work reviewed?**

Periodically checked during or after a project – depending on the size of the project. Small projects are not reviewed.

KEY CONTACTS

Often employees must go to sources to accomplish such tasks as gathering information, obtaining advice, or ensuring coordination. These sources are considered key contacts and can occur inside or outside the organization. Contacts may be individuals (by title), or groups (task force, committees, etc.).

Example:

| Key Contact | Purpose | Frequency |
|---------------------------------------|---|-----------|
| Agency CFO | Analyze department expenditures | M |
| Federal Government, Grants Management | Obtain updates on grant requirements and report budget progress | Y |
| Regional Manager | Review desk log activity | W |

- Please list the most significant work-related contacts that this position makes within or outside of the agency. Please list the purpose and frequency of such contact. Do not list the supervisor or subordinates for this position as key contacts.
- Use the following frequency codes to indicate how often the contact occurs: (D) Daily, (W) Weekly, (B) Bi-Weekly, (M) Monthly, (Q) Quarterly, (S) Semi-Annually, (Y) Yearly

| Key Contact | Purpose | Frequency |
|----------------------|---|-----------|
| Various Agency staff | To understand needs and communicate when work will occur and when it will be complete | W |
| Contractors | Communicate State standards and policies and monitor compliance | Q |
| Vendors | Order Supplies | M |
| | | |
| | | |
| | | |
| | | |
| | | |

FINANCIAL RESPONSIBILITIES

Mark the box for each function that applies to your position (check all that apply).

| | | |
|---|---|---|
| A | | Not Applicable – no financial responsibilities |
| B | | Budgets – responsible for setting and controlling a budget |
| C | | Budgets – has input into setting a budget |
| D | | Budgets – responsible for staying within an assigned budget |
| E | | Grants – research/application |
| F | | Grants – management |
| G | | Purchase Order Authorization |
| H | | P-Card Coordinator |
| I | X | P-Card User |
| J | | Other (Describe): _____ |

Mark each dollar amount below with the letter of the corresponding responsibility you indicated above (A, B, C, etc.). You must mark a dollar amount for any financial responsibility you indicated above (other than “Not Applicable”).

For example, if you are responsible for staying within an assigned budget of \$600,000 annually, you would place a “D” in the blank next to “\$500,001 to \$1,000,000 annually”. You may place more than one letter in one blank if needed to accurately reflect your financial responsibilities.

| | | | |
|---|---------------------------------|--|-------------------------------------|
| I | up to \$1,000 annually | | \$250,001 to \$500,000 annually |
| | \$1,001 to \$5,000 annually | | \$500,001 to \$1,000,000 annually |
| | \$5,001 to \$10,000 annually | | \$1,000,001 to \$5,000,000 annually |
| | \$10,001 to \$50,000 annually | | \$5,000,001 to 10,000,000 annually |
| | \$50,001 to \$100,000 annually | | over \$10,000,000 annually |
| | \$100,001 to \$250,000 annually | | |

PART 5 - JOB-RELATED QUALIFICATIONS

KNOWLEDGE, SKILLS AND ABILITIES

List the Knowledge, Skills, and Abilities that are needed to perform the job duties listed in Part 3 of this JCQ. You must provide at least three (3) Knowledge, Skill and Ability statements.

Knowledge - Refers to information, facts, and procedures.

Skills - Often involve manual operations or tasks that require repeated practice, precision, or speed (examples: typing, machine operations, and public speaking).

Ability – Capacity to perform an action or task (examples include interpretation, analysis, and communication).

ESSENTIAL KNOWLEDGE, SKILL AND ABILITY STATEMENTS

1 Knowledge of the methods, materials, tools, equipment, and terms used in the plumbing trade

2 Knowledge of plumbing codes

3 Knowledge of safe work practices including proper usage and handling of power tools, cutting machines and torches

4 Ability to use and operate various tools and equipment used in plumbing and pipefitting, such as pipe threaders, soldering torches, and drain cleaning tools

5 Ability to thread pipe, solder water lines and install all piping related to the plumbing trade

6 Ability to read blueprints and diagrams as they relate to plumbing installations

7 Ability to estimate materials needed

8 Ability to work independently

9 Knowledge of agency purchasing procedures

10

PART 6 – WORKING CONDITIONS

Indicate how often this position is exposed to or working under the conditions listed below.

Mark the appropriate column below with an “X” (Choose one for each row).

| Working Condition | Not Applicable | Infrequent (less than 2 hours daily) | Frequent (2-6 hours daily) | Continuous (6-8 hours daily) |
|--|----------------|---|----------------------------------|------------------------------------|
| Sitting | | | X | |
| Standing | | | X | |
| Walking | | | X | |
| Reaching | | | X | |
| Lifting (specific max weight in pounds) <u>50 lbs</u> | | | X | |
| Bending | | | X | |
| Climbing | | X | | |
| Dust | | X | | |
| Odors, Fumes (describe) Solvents, paint, grease/oil, noxious fumes | | X | | |
| Extreme temperatures (describe) Confined area spaces with limited air and a range of temperatures. | | X | | |
| Extreme noise (describe) Vehicular traffic and vibration from machines | | X | | |
| Exposure to mechanical, electrical, chemical, biological, or physical factors | | X | | |
| Outdoor weather conditions | | X | | |
| Unusual mental stress (describe) | X | | | |
| Required travel | | | X | |
| Other (describe) | X | | | |

PART 7 – EDUCATION & EXPERIENCE

EDUCATION

What **MINIMUM** level of education do you think is necessary for a worker to perform the duties of your job?

Mark your response to the question below with an “X” in the column on the right (**choose only one**).

| Education | Required |
|--|----------|
| Read and Write/No specific requirements | |
| High School Diploma or equivalent (G.E.D.) | |
| Supplemental training (vocational or completion of some college courses) | X |
| Formal specialized training (Associate Degree, Apprenticeship, Technician) | |
| Bachelor Degree | |
| Master Degree | |
| Doctorate Degree | |
| Other Professional Degrees (describe) _____ | |

EXPERIENCE

How much experience doing the same or similar work should be **REQUIRED** of new employees to perform this job?

Mark your response to the question below with an “X” in the column on the right (**choose only one**).

| Experience | Required |
|-------------------|----------|
| Less than 1 year | |
| 1 year | |
| 2-3 years | X |
| 4-5 years | |
| 6-7 years | |
| More than 8 years | |

LICENSE / CERTIFICATION / REGISTRATION

List any licenses, registrations, or certifications you think should be required or preferred for this position.

| License/Certification/Registration | Required | Preferred |
|--|----------|-----------|
| Current and valid State Motor Vehicle Driver's License | X | |
| | | |
| | | |

PART 8 – SUPERVISORY DUTIES

Do you supervise or act as lead worker of any employees?

Mark the appropriate box below with an "X".

| | | | |
|---|--|--|---|
| YES (even if occasionally): CONTINUE with Part 9 | | NO: SKIP Part 9 - proceed to Part 10 on Page 16 | X |
|---|--|--|---|

PART 9 – SUPERVISORY DUTY QUESTIONS

Mark the definition that best describes the type of supervision you exercise. Choose only one and mark the appropriate box below with an "X".

| | |
|--|--|
| | <u>Direct Supervision</u> - You are responsible for the administration of line personnel functions including employee selection, discipline, and formal performance evaluations. |
| | <u>Lead Worker</u> - You are responsible for assigning, scheduling, coordinating, organizing, and directing work activities. |

Select the frequency that best fits the majority of your time. Choose only one and mark the appropriate box below with an "X."

| | | | |
|---------|--|-------------------------|--|
| Daily | | As Needed | |
| Weekly | | Project Basis Only | |
| Monthly | | In Supervisor's Absence | |

Indicate the number of employees you supervise in each category below. You must enter a number for at least one category of employees.

| | | | |
|---------------------|--|------------------------------|--|
| Full-Time Employees | | Seasonal/Temporary Employees | |
| Part-Time Employees | | Volunteers | |

**List the number and job classification titles of the employees you supervise. You must enter at least one classification title and corresponding number of employees.
(Example: Accounting Technician 3 – 4 employees)**

| Job Classification Title | Number of Employees in Classification |
|--------------------------|---------------------------------------|
| | |
| | |
| | |
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| | |
| | |
| | |
| | |

What is the nature of your supervisory duties? Choose one for each function and mark the appropriate box below with an “X”.

| FUNCTION | RESPONSIBILITY | | | |
|---|----------------|---------------|-----------|---------|
| | Not Applicable | Provide Input | Recommend | Approve |
| Hire Employees | | | | |
| Promote Employees | | | | |
| Performance Appraisals | | | | |
| Discipline Employees | | | | |
| Train Employees | | | | |
| Authorize Leave | | | | |
| Establish and/or revise unit procedures | | | | |
| Establish and/or revise unit policy | | | | |
| Assign work to others | | | | |
| Distribute work to others | | | | |
| Review work of others | | | | |
| Terminate Employees | | | | |

PART 10- ADDITIONAL COMMENTS

Please provide any additional comments that may help clarify the duties and responsibilities of your position. Include any specific issues associated with your job duties that you do not think were adequately captured on this form.

I have no additional comments. I believe everything about my job has been covered in these questions.

EMPLOYEE SIGNATURE

By signing this document I certify that all the information provided in this JCQ is true and complete to the best of my knowledge. I understand that providing any false information may be grounds for disciplinary action. I further certify that I am the individual who personally supplied the information in the employee portion of this JCQ.

Employee Signature

Date

Time

Print Your Name

Phone Number

When you are finished, please make a copy of this JCQ for your records and then forward the JCQ to your immediate supervisor.

SUPERVISOR REVIEW SECTION

Do NOT leave any questions in this section blank!

Carefully review the completed employee Job Content Questionnaire to be sure it gives a complete and accurate picture of the position responsibilities, job requirements, and working conditions.

Do you agree that the employee's questionnaire provides a complete and accurate description of the job?

Mark the appropriate box below with an "X".

Yes _____

NO _____

If NO, provide a detailed explanation.

In your words, what is the primary function or purpose of this position in relation to the mission, goals and objectives of the agency?

What do you consider this position's most important responsibility or performance result?

Other general comments related to this position.

SUPERVISOR SIGNATURE

By signing this document, I certify that all the information provided in this JCQ is true and complete to the best of my knowledge. I understand that providing any false information may be grounds for disciplinary action. I further certify that I am the individual who personally supplied the information in the Supervisor's portion of this JCQ.

Print Your Name _____

Supervisor's Signature

Time

Date

Email Address

Phone Number

When you have completed your review, please make a copy of the completed JCQ for your records and then forward this JCQ to the Data Entry Designee for your agency. If you do not know who this is and/or how to reach them, please contact your Agency Human Resources representative for that information. If your agency does not have a Data Entry Designee, forward this JCQ to your Agency Human Resources representative.

AGENCY HUMAN RESOURCES/AGENCY DESIGNEE APPROVAL SECTION

ATTENTION! Complete this section only if your agency does not have a Data Entry Designee (see “Option B” instructions found at the beginning of this JCQ). If your agency has a Data Entry Designee, please follow the “Option A” instructions found at the beginning of this JCQ to complete this section.

DO NOT leave this question blank!

Carefully review the completed Job Content Questionnaire to be sure it gives a complete and accurate picture of the position responsibilities, job requirements, and working conditions.

Is the information provided in this JCQ complete and accurate for this position? Explain in detail your agreement or disagreement with all information provided by the employee and supervisor.

AGENCY HUMAN RESOURCES/AGENCY DESIGNEE SIGNATURE

By signing this document, I certify that all the information provided in this JCQ is true and complete to the best of my knowledge. I understand that providing any false information may be grounds for disciplinary action. I further certify that I am the individual who personally supplied the Agency Human Resources/Agency’s Designee Approver portion of this JCQ.

Print Your Name _____

Agency HR/Agency Designee’s Signature

Time

Date

Email Address

Phone Number

When you have completed your review, please make a copy of the completed JCQ for your records and then mail this original JCQ containing original signatures to:

Division of Personnel

Classification and Compensation Section

Capitol Complex Building 6 Room 404

Charleston, WV 25305